



SCHOOL BOARD OF POLK COUNTY

Maintenance/InHouse Construction/Schools/Vendors

APPLICATION FOR PERMITTING

Facility/School: _____

Date: _____

Project Title: _____

Project Number: _____

Project Description: _____

Architect/Engineer: _____

A/E Contact: _____

Address: _____

Phone: _____

Submitted by: _____

Phone: _____

(Print Name or Company Name)

Signed: _____

Architect Engineer
 School Other _____

Submit Application with the following documents to Architectural Services for permitting after approval by the Planning Department.

4 complete sets of project drawings/specifications (2 Signed and Sealed Sets by A/E)
2 copies – Florida Product Approval Form (as required)

Planning Department Use Only:

Planning Dept. Approval: _____ Date: _____
(Signature)

Building Department Use Only:

Date Submitted for Review (Staff/D.O.E.): _____ Comments Yes No

Date Comments Returned to Applicant: _____ Date Resubmitted For Review: _____

Comments/Correction Made Yes No N/A

Documents Acceptable for Permit Issuance: By: _____ Date: _____

Building Official: By: _____ Date: _____

Building Permit Number: _____ Date Issued: _____

Notice: In addition to the requirements of this permit there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Contractor Sub License

Facility/School: _____

Date: _____

Permit Request Description: _____

By submitting this form I certify all employees who might be working on a school board project or at a school facility or will be at a school when students are present or have direct contact with students have met the requirements of the Jessica Lunsford Act.

	Contractor	Address	Phone	License
Prime Contractor				
Plumbing				
HVAC				
Electrical				
Utilities - Site				
Fire Alarm				
Fire Site Utilities				
Roofing				
Other				

PRODUCT APPROVAL SPECIFICATION SHEET

Project Number _____ Location _____

Required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide information and product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying. Your supplier should have product approval numbers and information. More information about statewide product approval can be obtained at www.floridabuilding.org.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Mullion			
7. Wind Breaker			
8. Dual Action			
9. Other			
C. PANEL WALL			
1. Siding			
2. Soffit			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayment			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Roof Tile Adhesive			
12. Liquid Applied Roof Sys			
13. Other			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
E. SHUTTERS			
1. Accordion			
2. Storm Panels			
3. Colonial			
4. Roll-up			
5. Equipment			
6. Other			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Steel connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Material			
7. Insulation Forms			
8. Plastics			
9. Deck-Roof			
10. Wall			
11. Sheds			
12. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturer's installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

The products listed below did not demonstrate product approval at plan review:

Applicant Signature

Print Name

Date

Contact Name & Phone Number

Permit # (FOR STAFF USE ONLY)